Biometric Screening RESULTS FORM





Act early for your 2024 premium incentive!

Please bring this form to your primary doctor's office at the time of your annual checkup and use it to record your biometric health screening results. Please note that you must self-report all information; see more below. We recommend that you complete a biometric health screening before having your annual physical, so you can go over your screening results with your doctor. Appointments must be scheduled and results must be submitted to your Care Coordinators between 1/1/2023 to 11/15/2023 to receive credit for 2024. **Your results cannot be faxed.**

Employee Name:	Physician Name: Physician Phone:	
Fill in at least four of the following b	iometric results:	
SCREENING NAME Height	YOUR RESULTS	DESIRABLE VALUE —
Weight _		_
BMI (Body Mass Index)		Less than 25
Blood Pressure _		Systolic (less than 120)/ Diastolic (less than 80)
Blood Glucose _		Below 100 mg/dL
A1c _		Below 5.7%
HDL (high-density lipoprotein)		60 mg/dL or greater
LDL (low-density lipoprotein)		Less than 100 mg/dL
Triglycerides _		Less than 150 mg/dL
Total Cholesterol _		_

DON'T FORGET TO SUBMIT YOUR RESULTS

Be sure to complete all four activities noted on your Incentive Checklist, which can be found by logging on to **CityofSavannahHealthPlan.com** or the MyQHealth app, or by calling your Care Coordinators at **866-360-7926**.

CityofSavannahHealthPlan.com

866-360-7926

MyQHealth Care Coordinators

